



**Supporting Employment Empowerment (SEE) Program
Vendor Set-up Information**

Business Name: _____

Doing Business As (dba): _____

Type of Business: (e.g. Retail, Service, etc.): _____

Address: _____

City: _____ State _____ Zip Code _____ Telephone _____

Payee Name: _____

Remittance Address: _____

City: _____ State _____ Zip Code _____

Federal Tax#: _____ State Tax#: _____

Authorized Payroll Personnel Signature: _____

Print Name: _____ Date: _____

DHS USE ONLY:	
Date Rec'd: _____	Confirmed By: _____
Date Sent to FMO: _____	